

BETTER CARE SERIES

# BETTER Care in Leprosy



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e-mail : [chc@sochara.org](mailto:chc@sochara.org)



# **BETTER CARE IN LEPROSY**

Dr. V.V. Dongre



## **Voluntary Health Association of India**

Tong Swasthya Bhawan, 40, Institutional Area, New Delhi 110016

Phone: 6518071-72, 6515018, 6965871

Fax: 011-6853708; E-mail: [vhai@vsnl.com](mailto:vhai@vsnl.com)

## **Gandhi Memorial Leprosy Foundation (GMLF)**

Ramanagar, Wardha - 442001 (Maharashtra State) India

Phone: 07152-42627, Fax: 0091-07152-40111

E-mail: [gmlfwar@nagpur.dot.net.in](mailto:gmlfwar@nagpur.dot.net.in)



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Director, Better Care Series  
Alok Mukhopadhyay

Author  
Dr. V.V. Dongre

Coordinator & Editor  
Bhavna B. Mukhopadhyay

Design  
Brajagopal Paul

Page-setting  
Subhash Bhaskar

Production  
Development Communications

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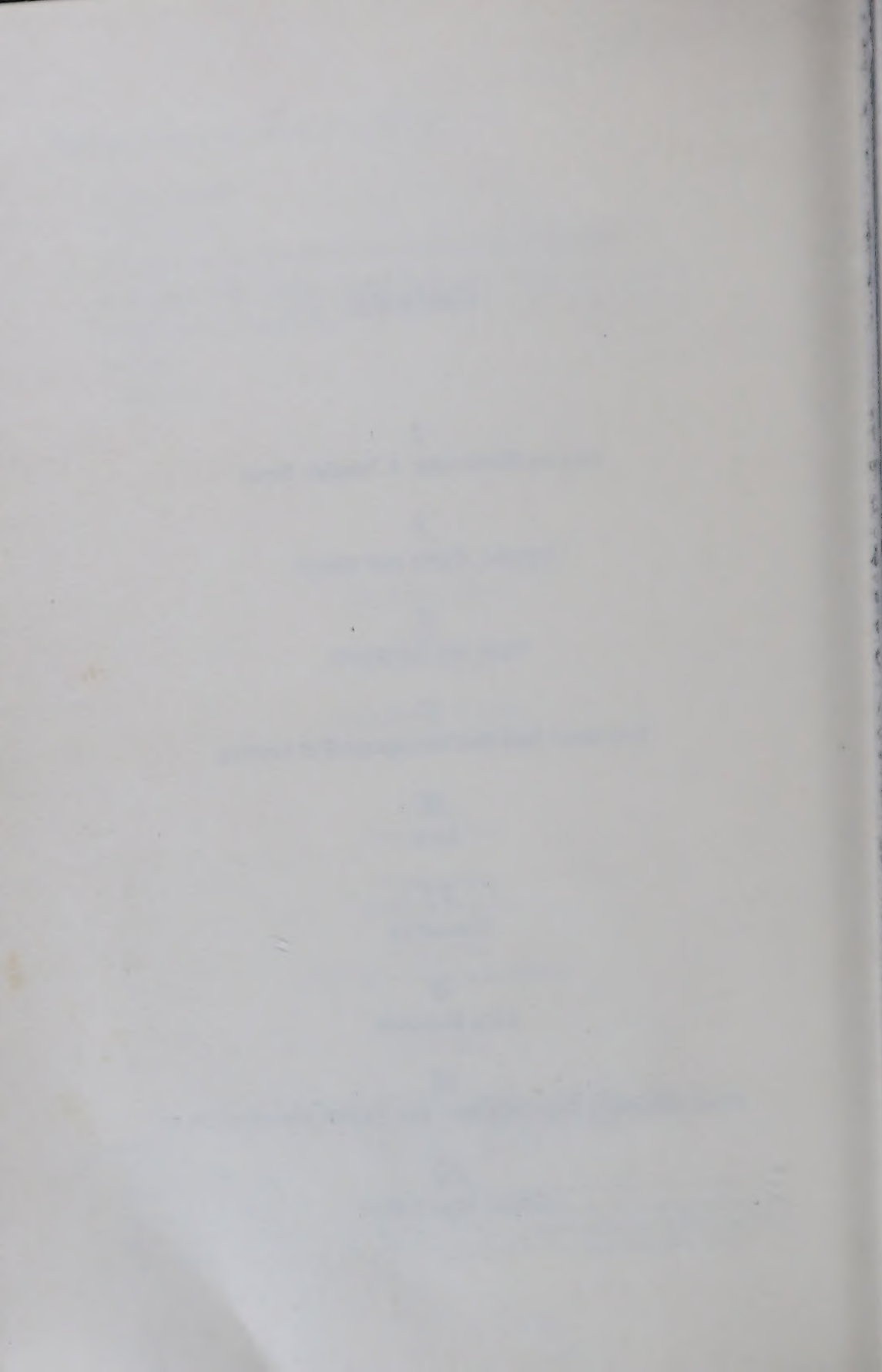
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# Leprosy Elimination: A Possible Event

Leprosy is a disease of great antiquity. It is as ancient as dawn of History. During the very first International Leprosy Congress in 1898 it was unanimously resolved that Leprosy is incurable and isolation of leprosy patients is inevitable. After 100 years, in 1998, at the International Leprosy Congress, it was felt that a world without leprosy, could be a reality. This is possible due to tremendous progress in the technology of leprosy control. The Multi-Drug-Treatment (MDT) has played the magic. To-day all the developed countries have eliminated leprosy from their soil. Many developing countries have attained the level of elimination of leprosy. From Asia, Srilanka, Bangladesh, Pakistan and China have succeeded in achieving elimination of leprosy. China is more populous and vast in dimension than India, however, China has reached the goal of elimination of leprosy in 1998 only. There are approximately seven lakhs active cases of leprosy under treatment in the world. Out of this five lakhs, nearly 71.5% are in India. India tops the list of countries having leprosy problem. Next to India, Brazil, Myanmar, Nepal, these are the countries where the problem of leprosy is looming large. In India Tamil Nadu state has attained the level of elimination already. Maharashtra, Karnataka and Andhra Pradesh are on the verge of it. But in the states of Bihar, Orissa, West Bengal, Uttar Pradesh and Madhya Pradesh the prevalence of leprosy is very high. Several international and national leprosy organizations are trying their level best to lower the prevalence here along with the Governmental agencies. It is hoped that by 2005 A.D. these states too will reach the elimination state. Elimination of leprosy means, to lower the prevalence to less than one in 10000 population, so that leprosy does not remain a public health problem. At present the global prevalence rate is 1.25 in 10,000. Out of 122 endemic countries, 98 have reached the elimination goal. More than 10 million patients have been cured by MDT in the whole world. The new case detection rate is yet not coming down. There are germs in environ and there are





susceptibles in the population, therefore, new cases are emerging out. The expected decline in transmission is not seen. World Health Assembly in 1991 did resolve to eliminate leprosy by the target date 2000 A.D. With the modern technology and political will the physical, psychological and social sufferings of leprosy patients are reduced. However, the social image of leprosy has still to change for good. Elimination will not be a dream provided there is no complacency in our efforts to do so. Fortunately, the relapse rate is extremely low, about 0.1% per year which is insignificant for a mass programme like leprosy. The drug resistance following MDT has not been reported.

The overall strategy for leprosy elimination entails early detection with regular MDT to reduce the caseload and to break the chain of transmission. So that spread of disease can be halted. Prevention of disabilities too can be achieved by this early detection and early treatment. This will help lessen the social stigma as the roots of it are in the deformities that are associated with leprosy patients. Stress is to be given on Community Based Rehabilitation for total social assimilation of leprosy patients. Institutional Rehabilitation perpetuates Social Stigma, besides it is not the real rehabilitation. There are 2-3 million persons with leprosy related impairments and disabilities in the world. For case detection, case holding, prevention of debilitation, rehabilitation, community participation is needed. That can be achieved by Information, Communication and Education (ICE) activities, involving mass media with due precautions as mass media are double edged weapons and may retort back on the user, like boomerang, if not used properly. ICE activities cover large population and involve maximum number of health workers within a short period of time. Innovative techniques as per local culture will have to be used to cover masses that are residing in areas which are difficult to access or are geographically inaccessible, politically neglected, nomads, refugees, undeserved. Capacity building measures for local health workers will have to be launched. Keeping the supporting referral centres with expertise, integration of leprosy services within general health services will have to be done. The patients, the providers and the people should have 'trilogue', then only the goal of eliminations of leprosy can be achieved !



# Leprosy:

## Cause and spread

1Q What is Leprosy?

A Leprosy is a disease mainly of peripheral nerves and skin.

2Q How is Leprosy caused?

A A minute specific germ known as leprosy germ causes leprosy.

3Q Do many people get leprosy?

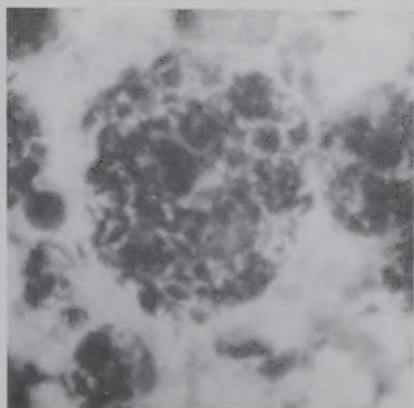
A No. Only 2 to 5% people develop leprosy. Rest of the people do not develop leprosy as they possess natural resistance (immunity).

4Q How does leprosy spread?

A The germs of leprosy spread through the medium of air and at times through the skin under ideal conditions.

5Q Where do leprosy germs come from?

A A source of germs of leprosy is a leprosy patient who is harbouring many germs of leprosy in the body, especially when he does not take anti-leprosy treatment. The germs are thrown out of his body through his nose and mouth while sneezing and coughing. These germs are thrown in the air and they remain alive outside the human body at least for 8 to 10 days. In humid climate, they may remain alive for 15 to 20 days. When such air



containing germs of leprosy is inhaled by a person, the germs get entry into body through the nose.

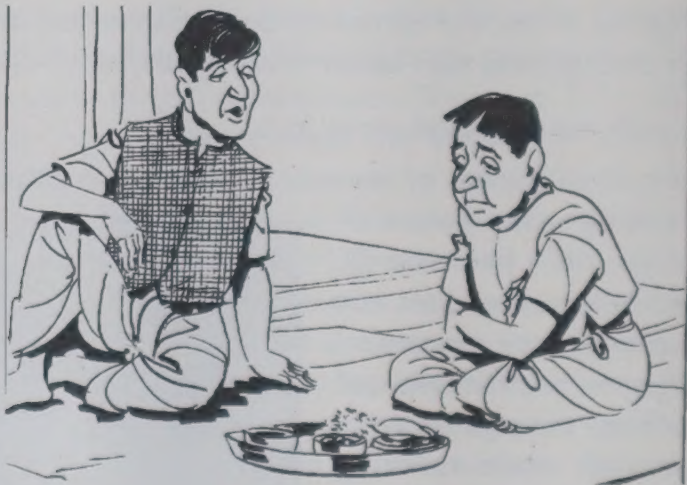
6Q Does one get leprosy just by touching a patient?

A No. Just by touching a leprosy patient one does not get leprosy. In order to suffer from leprosy, two things are necessary (i) the germs of leprosy must get an entry into the body and (ii) such a person should have no natural resistance (immunity) against leprosy. Such a person will manifest leprosy within 3 to 5 years.



7Q Can leprosy spread through food and / or through water?

A No. Leprosy germs cannot spread through food and water.



**Leprosy is like any other disease and it is the least infectious.**



# Signs and Symptoms

1Q How can one recognize leprosy?

A A leprosy patient manifests leprosy in the following three ways: (i) there may be a pale/ pink/ brown/ red patch somewhere on the body with sensory impairment (ii) one or more



superficial nerve/s may become thickened and will show sensory impairment in it their distribution. For example a nerve at the elbow if thickened may show sensory impairment in the palm on the same side. Thus a nerve near knee joint will show sensory impairment over the foot on the same side (iii) a person may show shiny oily, smooth skin. The sensations will be normal, however, the local skin will show germs of leprosy under the microscope after a skin smear examination (a laboratory test).

2Q How to detect nerve damage?

A Nerve damage is detected mainly by nerve pain, loss of sensation and loss of muscle strength. The patient may notice some changes in sensation or muscle strength.

He/she may present with complaints of pain along nerve or with recurrent wounds. Will find it difficult to button a shirt, hold a pen or pick up small vessel or may have difficulty in walking. All such complaints must be thoroughly investigated by taking a careful history about the nature and duration of the complaint, since early treatment can correct or at least prevent further damage.



5Q *Can a child be born with leprosy?*

A No. Leprosy is neither hereditary nor congenital (present since birth) children of leprosy parents can remain healthy without developing leprosy in their life time.

4Q *Are children more prone to develop leprosy?*

A No. Children are not more prone to develop leprosy. However, 15% to 20% leprosy patients are from the children age group.

5Q *Are there any types of leprosy?*

A Yes. From the point of view of infection, leprosy is of two types (i) infectious (ii) non-infectious.



Infectious patients harbour many germs. Non-infectious patients do not harbour many germs. The infectivity is decided by taking and examining skin smears in the laboratory. The skin smears of infectious patients show many germs. Whereas skin smears of non-infectious patients do not show even a single germ under the microscope.

6Q *Is every leprosy patient infectious?*

A No. Every leprosy patient is not infectious. Only 15% to 20% leprosy patients are infectious. But they can become non-infectious by taking regular and adequate treatment with Modern Drugs. 80% to 85% patients are non-infectious, they do not spread infection in the community, the disease is limited to themselves.

7Q *How loss of sensations is tested?*

A The health worker tests the different sensations over the patch on palms and feet by using cotton wool, pointed pin and with two test tubes containing luke warm water and cold water. In leprosy the sensations for touch, pain and warmth are impaired.

# Treatment Care and Management of Leprosy

1Q What is the treatment for leprosy? Can leprosy be cured completely?

A Leprosy can be cured completely and the deformities can be avoided. Early detection and early treatment cures leprosy. The Multi-Drug treatment is the



sheet anchor of the leprosy control programme. A leprosy patient is treated with 2 to 3 modern drugs. The one who is non-infectious needs two drugs for 6 months and the one who is infectious needs three drugs for 12 months. A leprosy patient with only one patch with sensory impairment is treated with three drugs for one day only. The modern drugs kill the germs of leprosy, hence, a patient gets cured completely.

2Q What are the names of the Multi-drugs?

A The multi-drugs consist of Rifampicin, Clofazimine and DDS. These drugs are given in combination depending upon the type of leprosy. Thus infectious patients get all the three drugs for 12 months where as non-infectious patients get two drugs i.e. Rifampicin and Dapsone for six months. Rifampicin is given only one day in a month. Rest of the two drugs are given in daily doses.



## There is life after Leprosy

At a vantage point in busy streets in the heart of Mumbai City, you will find a vehicle with exhibits on leprosy where a person in Khaki uniform would be seen explaining the exhibits to the Public, who have gathered there out of anxiety or inquisitiveness. He is Mr. Laltaprasad Balgovind Yadav, in his early forties, with all the sincerity on his face. He is the driver of the vehicle working for the "Society for the Eradication of Leprosy". He is doing this work for the last 20 years. Earlier he did suffer from leprosy and took regular treatment, got cured. Now, he has become a good health educator without formal training. He is vocal and speaks very good Hindi, understands English a bit. He becomes a very impressive speaker as he narrates his own story to the people, emphasises the fact that regular treatment can cure leprosy. "There is life after getting leprosy," he explains. He tells that he is married and has three daughters. One is married, the other is engaged and third is getting education in a college. He has a grand-child. Leprosy has not affected his life in any bad manner. Today Lalta is a popular figure amongst leprosy workers and leprosy patients. He has detected himself 28 leprosy patients in the last 20 years.





- 1Q What are the drugs for one day treatment?
- A A person who has only one patch of leprosy is given Rifampicin, Ofloxacin and Minocycline.
- 2Q Are there any injectable drugs for leprosy?
- A No. All the drugs for the cure of leprosy are given by mouth.
- 3Q Is there any other alternative method of treating leprosy?
- A No. There is no satisfactory method of curing leprosy besides the modern drugs.
- 4Q What are the general safeguards for MDT Drugs
- A Ofloxacin and minocycline are not recommended for the use of pregnant women and children below five years of age.
- In the case of severe dapsone intolerance PB Patients should receive clofazimine 50mg a day, a monthly dose of 300mg as a substitute for dapsone. MB patients should continue treatment with rifampicin and clofazimine in the usual dosage.
- Any PB patient who has taken six doses of PB-MDT within 9 months should be considered as cured
- Any MB patient who has taken 12 doses of MB-MDT within 18 months should be considered as cured.
- 5Q Are there any side effects of modern drugs that are given in leprosy?
- A No. Usually Multi-Drugs used in leprosy are given comparatively in low doses. Therefore, serious side effects of the drugs are not encountered in leprosy. Rifampicin gives red colour to the urine on the day of consumption of the drug. The drug is excreted out of the body within 24 hours. Clofazimine gives brownish colouration to the skin, and to the white of the eye. This is obvious in fair complexioned persons. However, it is

 **Leprosy is caused by germs. It is neither hereditary, nor a curse of the God.**

very effective against the leprosy germs. The brown colour disappears within six months after stopping the intake of the drug. Dasdone very very rarely may cause anaemia which can be easily treated with tablets of iron and B complex.

6Q *Will the disease relapse after taking treatment?*

A If a patient takes regular and adequate treatment with modern drugs, the possibility of getting relapse is remote. The percentage of relapse cases is extremely low and therefore, insignificant for a public health programme like that of leprosy.

7Q *How to know the patient is cured?*

A If a patient takes regular and adequate treatment with modern drugs then his patches diminish in size, become pale, become flat, become wrinkle. The sensations that are impaired will take time to get restored. The restoration of original skin colour takes long time.



Before MDT

After MDT

The thickened nerves which are usually painful reduce in size and the pain disappears. If the patient shows leprosy germs in the skin smear, as the treatment period progresses, the number of germs diminishes and even may not show a single germ. If the patient has non-healing wound on the sole of the foot, that heals with proper treatment for the wound in addition.

8Q *Are there any complications of the disease-process?*

A Yes. At times patients develop what is termed as Lepra -

reactions. During this episode which is sudden, the existing patches flare up. At times a patient develops pink nodules in crops, all over the body with high fever and may get joints' pain. These conditions are considered as medical emergencies and treated accordingly.

9Q Are there any food restrictions during treatment?

A No. A patient can take normal diet, which is easily digested and assimilated.

10Q What are the other precautions that a patient should undertake?

A. It is advisable to avoid tobacco and alcohol in any form.

These articles affect the health adversely.



11Q Can a patient take treatment for other diseases, if he is already under treatment for leprosy?

A Yes. A patient can take treatment for other diseases besides that for leprosy.

12Q What will happen if the patient takes irregular and incomplete treatment?

A If a patient takes irregular and incomplete treatment then he will not be cured, he may develop deformities of face, hands and feet. Further the germs in his body will develop resistance to the actions of anti-leprosy drugs.

13Q What are the other components of management of a leprosy patient?

A In addition to drug treatment, a leprosy patient may need physiotherapy for the prevention of deformities or for the

**A pale or red patch on the skin may be leprosy.  
Consult a doctor.**



prevention of worsening of the deformities. Physiotherapy means treatment with physical agents. A patient may need exercises of the joints of the fingers to keep the small joints of the fingers movable, to keep muscles of the palm supple. He may need vegetable oil massage to keep skin smooth, as sweat diminishes in leprosy and makes the skin dry. Those patients who are not benefited by physiotherapy alone may have to undergo reconstructive surgery for the correction of deformities. This gives cosmetic and aesthetic effect but loss of sensation over the fingers or toes will not get restored after such surgery. It is advisable to get the contacts of the leprosy patients examined for the evidence of leprosy. Though leprosy is a very very mild infectious disease.

14Q *Is it advisable to keep the patient in his home along with other family members?*

A Yes. It is perfectly alright to keep a patient in the family provided he takes necessary treatment and can be allowed to undertake his/her profession. There is



no need of isolation of leprosy patients, since leprosy is a disease like any other disease and is curable with modern drugs.

15Q *Even if a leprosy patient has non-healing wound on the sole of the foot can stay with other family members?*

A Yes, he can. The dressings can be done by the dressers in the out-patient department or in the dispensaries of general medical practitioners. Even the patients can get the dressing done by the family members, friends. The procedure is very easy and free from any danger to the health of dresser. The oozing from wounds does not contain germs of leprosy.

16Q Is it safe to have free movement of the leprosy patient in a village?

A Yes. A leprosy patient can move freely in the society provided he takes regular and adequate treatment with the modern drugs. It is not so easy to contract leprosy. There is no need for the villagers to become panicky. The villagers can be told about the scientific facts about leprosy so that the misconceptions can be wiped out from their minds.

17Q Can a leprosy patient work with his coworkers or colleagues in a factory or office?

A Yes a leprosy patient can work in a factory or in a office and can handle the same instruments which are in turn handled by other workers provided he takes regular and adequate modern treatment.

18Q What is the role of members of the family and members of the community in the treatment of leprosy patients ?

A The members of the family and the community should encourage the leprosy patients to take regular treatment, help in acquiring drugs, dressing materials from the treatment centres, allow him to work alongwith them, allow him to stay alongwith

## Nanaji Pandurang Jikar

Mr. Nanaji Pandurang Jikar, aged, 80 years, staying at Nagapur, Sevagram, Dist. Wardha, developed leprosy in 1969. In those days the treatment was prolonged but Mr. Nanaji completed the course of treatment as per advice by the Dr. from GMLF, Wardha. His family members gave him moral support. He acted as the Surpanch of his village panchayat too. To-day all his children are staying with him and all of them are highly educated. Nanaji openly tells villagers not to hide leprosy but to take regular treatment for cure. Nanaji was invited for Flag-hoisting on 15th August, by the hospital authorities of GMLF where he was treated. His advocate son accompanied him with all the pride.

them, allow him to undergo studies in a school or college as the case may be avoid the problem of rehabilitation and should prevent debilitation. If this is not done then it is likely that a patient may get dislocated from the family, from the society and may become a destitute or a beggar.

19Q *Where can one get treatment for leprosy?*

A In every nook and corner of our country treatment of leprosy is available free of cost. All the general hospitals, primary health centers, government and municipal dispensaries in the districts, towns, villages as well as the special leprosy treatment centers run by non-governmental organizations have facilities for free examination and free treatment for leprosy patients.

20Q *Can a mother who has leprosy breast feed her child?*

A Yes. A mother suffering from leprosy can breast feed her child. It is advisable that such a mother should continue treatment for leprosy. There is no alternative for mother's milk.



21Q *Can burning with flame or with skin grafting one can cure a leprosy patch?*

A No. Burning of the skin patch and or having a skin graft, one, cannot remove patch of leprosy.

22Q *Is there any vaccine to prevent leprosy?*

A No. At present there is no vaccine that can be given on mass scale to prevent leprosy.

**Do not isolate leprosy patients. Accept them in the family and the community.**



# Care

1Q How to take care of insensitive hands/feet?

- A
- Do not hold hard and rough objects with bare hands.
  - Pressure from handling hard objects can cause blisters.
  - Use a thick soft cloth to hold hard objects.
  - Do not hold hot objects with bare hands.
  - Heat and steam can cause blisters
  - Use a thick soft cloth to hold hot objects.
  - Examine your hands for any injury, burn or wound.
  - Soak your hands in cold water to keep the skin soft.
  - Massage your hands with oil of coconut, til or mustard.
  - Do physio-exercises, regularly, to keep your fingers soft and mobile.
  - **Protect your feet.**
  - Do not stand for a long time
  - Do not walk long distances at a stretch.
  - Do not walk bare footed in hot Sun, heat will cause wound.
  - Do not walk without footwear, stones, thorns will cause wound.
  - Do not use wrong footwear, pressure will cause wound.
  - Always use special footwear (Micro-Cellular-Rubber-MCR).
  - In leprosy, skin becomes dry, becomes hard and thickened, dryness leads to cracks.
- Soak feet in tap water before going to bed. Wipe out extra water. Apply vegetable oil. Hard skin can be rubbed with pumice stone. Inspect feet. If there is redness at one place, next day take rest.



- Take care of rats. Keep a Cat.
- Rats take bite of foul smelling wounds on hands and feet.

#### Daily care

- Soak in clean water.
- Scrub with gunny cloth/fibre
- Apply oil like til, mustard, coconut.



#### 2Q How to protect eyes? Nose?

A

- Leprosy causes paralysis of eyelids.
- Lids can not cover the eyes.
- Eyes remain open during sleep.
- Use eye shade/Goggles.
- Cover the eyes with thin clean cloth.
- Paralysis of eyelids can be corrected by surgery.
- Eyes can not close fully. Dust or insect may fall in the eyes. Wash the eyes daily with clean water.
- Cornea (transparent part of eye) becomes dry. Apply eye drops as advised by health worker or Doctor.
- Look in the mirror for any redness. Consult a health worker /doctor.
- Do not blow nose forcibly.
- Do not put fingers in the nose.
- Do not scrape inside the nose with nails.
- For dry nose, put nasal drops after consulting Doctor.
- Do not allow flies to sit on nasal area.



**Leprosy is completely curable. Regular treatment prevents deformities and disabilities. Leprosy patients can continue to live at home and do normal work, even while undergoing regular treatment.**

# Elimination

1Q *Is it possible to eliminate leprosy?*

A Yes. It is possible to eliminate leprosy from a particular area. Out of 122 countries 98 countries have eliminated leprosy. In fact modern MDT is very effective and has changed the gloomy picture of leprosy to rosy picture of elimination of leprosy.

It can be practically achieved :

- by treating all the registered cases with MDT
- by detecting and promptly treating all the new cases
- by ensuring regularity and completion of multi-drug-treatment
- by enlisting community support for the programme.

2Q *Which is the master-key for leprosy elimination?*

A Health Education is the master-key. It helps in case detection, case holding, regularity of treatment, prevention of deformities, prevention of dehabilitation and Rehabilitation which is community based.



3Q *Why people are afraid of leprosy? In other words why there should be social stigma for leprosy?*

A The roots of the social stigma are in the deformities that are associated with leprosy patients. People equate deformity and infectivity in leprosy. This is actually wrong. A deformed patient usually is non-infectious whereas a non-deformed patient can be infectious. Further in most of the religious books, leprosy has been wrongly projected. It is considered as a curse or fruit of previous sins. This has no scientific base. But for generations these misconceptions are in vogue.



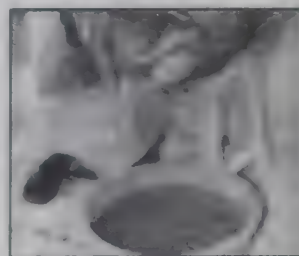
## Early detection

1Q *What is the importance of early detection of leprosy patients?*

A If leprosy patients are detected in early stages, they can be treated with modern drugs and the deformities can be prevented. If a patient is infectious, he will become non-infectious. By these advantages, the social stigma will get reduced and new cases in the communities will become less and less.

2Q *What are the means by which we can detect leprosy cases in the early stages?*

A Surveys undertaken in schools, villages, offices, factories, will reveal leprosy patients.



By undertaking awareness campaigns, patients may come voluntarily forward for treatment. By involving the general medical practitioners and the community one can muster good number of leprosy patients in the early stages.

3Q *What are the basic requirements to achieve early self-reporting?*

A They are: provision of efficient health services for detection and treatment of leprosy; and increasing the community's awareness of early manifestations and curability of leprosy.

4Q *How one can increase awareness in the community?*

- A
- ❖ By informing the community about the early manifestations of leprosy and
  - ❖ By encouraging patients to seek treatment without delay.
  - ❖ Conveying information about locations and timings of available free services and
  - ❖ Stressing about the availability of free treatment.

# What Voluntary Organisations and Health Workers can do

Health workers working in their areas should educate the community and help to eradicate the disease by :

- Dispelling prevailing misconceptions about the disease in the Society and getting acceptance in the community for leprosy sufferers.
- Educating , sharing and discussing the correct information with the members of the community.
- Protecting the community against leprosy by having yearly medical checkups .
- Encouraging and motivating people to go for an immediate check up, if they see early signs of leprosy.
- Educating the family members and the community at large not to isolate leprosy patients.
- Educating the community to give equal opportunities to people with leprosy for education, employment and marriage.



# Useful Information

## Indian NGOs

1. Maharogi Seva Samiti, Anandwan, Warora (M.S.)
2. Vidarbha Maharogi Seva Mandal, Amravati (M.S.)
3. Kushtha Seva Samiti, Dattapur (M.S.)
4. Santhal Pahadiya Seva Mandal, Deoghar (Bihar)
5. Gandhi Memorial Leprosy Foundation, Wardha (M.S.)
6. Sacred Heart Leprosy Centre, Sakkotai (TN)
7. Assisi Seva Sadan, Allapalli (AP)
8. Rajendra Kushtha Ashram Research and Training Centre, Mairwa (Bihar)
9. Acworth Municipal Leprosy Hospital, Mumbai (M.S.)
10. Poona District Leprosy Committee, Pune (M.S.)
11. Shram Mandir Trust, Sindhrote (Gujarat)
12. Anand Gram Society, Pune (M.S.)
13. Vimukti, Kakinada (AP)
14. Katharina Kasper Leprosy Control Scheme, Bangalore (Karnataka)
15. GRECALTES, Calcutta (WB)
16. Lok Seva Sangam, Mumbai (M.S.)
17. GREVALTES, Visakhapatnam (AP)
18. BAM (India), Calcutta (WB)
19. The Society for the Eradication of Leprosy, Mumbai (M.S.)
20. Maharashtra Lokhita Seva Mandal, Mumbai (M.S.)
21. Leprosy Patients' Welfare Society, Chingmeirang (Manipur)
22. Bharat Sevashram Sangh, Jamshedpur (Bihar)
23. ALERT India, Mumbai (M.S.)
24. Hind Kusht Nivaran Sangh, Haryana, Chandigarh
25. Marathwada Lokseva Mandal, Neri (M.S.)
26. Bombay Leprosy Project, Mumbai (M.S.)
27. Indian Leprosy Foundation, Mumbai (M.S.)
28. AMG International, Vijayavada (AP)
29. Shakti Brahamashram, Jalna (M.S.)
30. Kushtharog Nivaran Samiti, Wakdi Shantivan (M.S.)
31. Udyog Dham, Badrikashram, Talegaon (M.S.)
32. Prema Samajam, Vijayanagaram (AP)
33. Vimala Dermatological Centre, Mumbai (M.S.)
34. Gujarath Raktapitta Nivaran Sangh, Vadodara (Gujarat)
35. Andaman and Nicobar Leprosy Eradication Society, Port Blair
36. Sumana Halli, Bangalore (Karnataka)
37. Calcutta Urban Service, Calcutta (WB)
38. Dr. Isaac Santra Institute, Sambalpur (Orissa)
39. Scheffelin Leprosy Research and Training Centre, Karigiri (TN)
40. GREMALTES, Chennai (TN)

*List not exhaustive*



# International Leprosy Agencies

Aide Aux Lepreux Emmaus Suisse  
Spitalgasse, 9 CH, 3011,  
Berne, Switzerland.

Amici Di Raoul Follereau  
Via-Borselli, 4, I-40135, Bologna, Italy

Damien Foundation, Belgium  
16, Rue Stevin, B- 1040,  
Brussels, Belgium

Netherlands Stichting Voor  
Leprabestrijding  
Wibautstraat 135, NL-10097 DN  
Amsterdam, Netherlands.

Comite Executif International De  
L'ordre De Malte Pour  
L'assistance Aux Lepreux  
3, Place Calparede, CH-1200  
Geneva - Switzerland.

Instiut Fame Pereo Pour Les Lepreux  
130 Avenue de l'Epee, Outermont  
(Quebec), H2V, 372 Canada

Le Secourse Aux Lepreux, Canada  
253, Cote Vertu, Bureau 125  
Montreal H4N, 2W9, Canada

Red Barnet  
Brogards Vaenget 4, DK-2820,  
Gentofte, Denmark

Leprosy Relief Organisation  
Munich e.v.  
Zenettistrasse 45 D-8000, Munchen  
2 (West Germany)

American Leprosy Mission  
One Broadway, elmwood Park,  
New Jersey, 07407 USA

Association Francaise Raoul  
Follereau  
B.P. 79, F-75722, Paris, Cadex,  
15, France

Deutsches Aussaetzigen, Hilfswerk  
Dominikanerplatz 4, Postfach 348,  
D-8700, Wurzburg, West Germany.

The Leprosy Mission International  
50 Portland Place, London Win 3DG,  
Great Britain

Foundation Luxembourgeoise Raoul  
Follereau  
26, Rue marechal Fach, 1527,  
Luzembourg

Lepra  
Fairfax House, Causton Road,  
Colchester,  
Essex CO1, IPU, Great Britain

Radda Barnen  
Box 27.320,  
S-102 54 Stockholm Sweden

Sasakava Memorial Health  
Foundation  
The Sasakawa Hall, 6F, 3-12-12 Mita  
Minato-Ku, Tokyo 108 Japan

Danlep - Danida  
7 Golf Link Area, New Delhi



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# Useful Journals and Books

## Journals

1. Indian Journal of Dermatology Venereology and Leprology Dr.K.Pavithran, Dept. of Dermatology and Venereology, Medical College Hospital, Calicut-673008.
2. International Journal of Leprosy, One Broadway, Elmwood Park, N.J.07407 USA
3. Leprosy Review : Fairfax House, Colston Road, Colchester, England.
4. Dr. S.K. Noordeen, Hon. Editor, Indian Journal of Leprosy, I-A, K.G. Valencia, 57, Main Road, Gandhi Nagar, Chennai-600020
5. Partner, Leprosy Mission, Health Education Centre, Naini, Allahabad-211008 U.P.
6. The Star, Box 325, Carville, LA, 70721 USA
7. NLO Bulletin, National Leprosy Organisation, Navataria, Post: Dhour, Dist.Durg-490024.
8. Kusht Seva (Gujrath Raktapitta Nivaran Seva Sangh, 2<sup>nd</sup> Floor, Kamalkunj, Gandhi Gate, Vadodara-390017.
9. Kushtha Vinashak, C/O Hind Kushtha Nivaran Sangh, 1 Red Cross Road, New Delhi-110001.

(list not exhaustive)

## Books

1. Leprosy in Theory and Practice: Dr.R.G.Cocharne, M/s Write and Sons, Bristol.
2. Hand Book of Leprosy: Dr.W.H.Jopling,, Heingeman Medical Books Ltd., London.
3. Hints on Diagnosis and Treatment of Leprosy: Dr.R.V.Wardekar, Gandhi Memorial Leprosy Foundation, Wardha.
4. Leprosy : A Text book : Dharmendra Vol.1 & 2, 1979. The Kothari Book Depot, Acharya Donde Marg, Parel, Bombay-400012.
5. Window on Leprosy: Ed. Dr.B.R.Chatterjee, GMLF, Wardha.
6. The Diagnosis and Management of Early Leprosy: Dr.Stanley G.Browne. The Leprosy Mission, 7, Blooms-bury Square, London W.C.1.
7. Text Book of Leprosy for Students and PMWs : Dr.R.H.Thangraj, Philadelphia Leprosy Hospital, Salur, Dist.Srikakulam A.P.
8. Physical Therapy in Leprosy for Paramedicals : Ellen Davis Kelly Ph.D.American Leprosy Mission, 1262 Broad Street, Bloom Field, New Jersey 07003 USA
9. Essentials of Leprosy: Edited JMH Pearson and AW Wheate, All Africa Leprosy and Rehabilitation Training Centre (ALERT) Addis Ababa, Ethiopia, 3<sup>rd</sup> Edition, 1979.
10. A Guide to Health Education in Leprosy: P.J.Neville, ALERT 3<sup>rd</sup> Edition, 1979.
11. Preventing Disability in Leprosy :Watson D.M.TLM London
12. Leprosy: Basic Information and Management: McDougall and Yawalkar, Ciba-Geigy.

(List not comprehensive)

Please spare a few moments to fill this questionnaire

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This questionnaire will help us in understanding your views about our publication. We can make our future publications more attractive and relevant based on your feedback. Thank you for filling out the questionnaire below. Please tick the answers that you agree with.

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## Gandhi Memorial Leprosy Foundation

Gandhi Memorial Leprosy Foundation (GMLF) was started in 1951 as the Leprosy advisory committee of the Gandhi Smarak Nidhi, a national fund founded in memory of the great humanitarian, Mahatma Gandhi. The objectives of the GMLF are (a) to conduct experimental field work with a view to evolve practical solutions to different aspects of the leprosy problem, (b) carry out studies and pilot projects, and (c) utilize the experience thus gained to help expand the leprosy eradication programme on a national scale. The Foundation played an important and prominent role in introducing planned use of DDS drug as a method of leprosy control. It is also utilising the services of general medical practitioners in leprosy control programme by persuading them to become leprosy conscious and treat leprosy patients in their dispensaries.

The Foundation had started centres in most of the endemic states on the basis of field work. At present GMLF has three leprosy control units at Sevagram (Maharashtra), Chilakalapalli (Andhra Pradesh), Balarampur (West Bengal) and having two health education units i.e., at Kolkata and Wardha. Activities of GMLF include: (1) working on a pattern of leprosy control work in urban and rural endemic areas and getting it approved on a national scale; (2) introducing a specific category of paramedics in leprosy programme; (3) emphasising health education in leprosy control programme; (4) introducing CBR concept about rehabilitation and community participation; (5) initiating formation of federal agencies/networking for voluntary agencies and (6) establishing Centre for Social Science Research on Leprosy (CSSRL) with WHO support and working closely with Government of India.

## **About VHAI**

Voluntary Health Association of India (VHAI) is a non-profit, registered society formed in the year 1970. It is a federation of 24 State Voluntary Health Associations, linking together more than 4000 health care institutions and grassroots level community health programmes spread across the country.

VHAI's primary objective is to 'make health a reality for the people of India' by promoting community health, social justice and human rights related to the provision and distribution of health services in India.

VHAI tries to achieve these goals through campaigns, policy research, advocacy, need-based training, media and parliament interventions, publications and audio-visuals, dissemination of information and running of health and development projects in some difficult areas.

VHAI works for people-centred policies and their effective implementation. It sensitises the general public on important health and development issues for evolving a sustainable health movement in the country with due emphasis on its rich health and cultural heritage.

## **About the Author:**

Dr.V.V.Dongre, M.B.B.S. D.V.D.G.F.AM.is the President of VHAI and Honorary Secretary of the Society for Eradication of Leprosy. Vice-president of the Indian Association of Leprologists (IAL MB) and the Founder Member of Bombay Leprosy Project & A.L.H. P.R.E Society. He was the Deputy Medical Superintendent of A.L. Hospital, Mumbai. Dr. Dongre is the author of Marathi booklet for Leprosy patients (Shidori 1981, 1986), 20 research papers on different Aspects of Leprosy, he has contributed in the preparation of an educative film on leprosy for the medical fraternity (GMLF), a booklet on the existing facilities for leprosy patients in Marathi titled as 'Watadya', he is the guest editor of Leprosy issue of Health for Millions. He has given important interviews on TV and AIR.

Dr. Dongre has organised several state level and national level seminars, workshops and conferences for the benefit of leprosy workers and presented research work at national and international leprosy conferences.



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